

Case Number:	CM14-0175658		
Date Assigned:	10/28/2014	Date of Injury:	01/10/2011
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female who reported an injury on 01/10/2011. The diagnoses were acquired spondylolisthesis, sciatica, thoracic spondylosis, thoracic or lumbosacral neuritis or radiculitis unspecified, radicular syndrome, lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration. Diagnostic studies were not reported. Past surgical history was not reported. The injured worker had a physical examination on 10/13/2014 that revealed she had a history of having a pacemaker replacement; she went into congestive heart failure; also, she was at stage II kidney failure. The injured worker had to go off Motrin and continue to take the Norco. Her last lumbar injections were in 2013. It was reported that the injured worker requires less narcotics after she undergoes the injection. She continued to have low back and buttocks pain and leg pain, especially pain in her feet. The injured worker would like to pursue the injections, as they give her greater than 80% symptomatic improvement. Examination revealed tenderness over the facets, but also a positive straight leg raise and sciatic notch tenderness. It was reported that prior diagnostic studies revealed evidence of disc pathology. The injured worker continued to work full time. Treatment plan was for bilateral facet joint injection at the L4-5. Medications were aspirin, Klor-Con, Lasix, Lisinopril, Motrin, Norco, Plavix, and Xanax. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral facet joint injection at L4/5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The decision for bilateral facet joint injection at L4/5 is not medically necessary. The ACOEM guidelines state invasive techniques such as facet joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic pain. The included medical documents lack evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The guidelines note that facet injections may aide in the transitional phase from acute to chronic pain; however, she is already in the chronic stage of her injury. Also it was not reported how long the pain relief lasted from the previous injections. Therefore, this request is not medically necessary.